

FILE NOW: FILING FEE IS \$61.25

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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State * DIVISION OF CORPORATIONS
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DOCUMENT # **705275** (6)
1. Corporation Name
FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.

Principal Place of Business 106 E. COLLEGE AVE 810 TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 11119 TALLAHASSEE FL 32302-3119 US
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2. Principal Place of Business 21 231 Lafayette Circle Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 11119 Suite, Apt. #, etc.
23 Tallahassee, FL 32303 Zip Country	28 Tallahassee, FL 32302-3119 Zip Country
24 32303 25 USA	29 32302-3119 30 USA

3. Date Incorporated or Qualified 03/04/1963	
4. FEI Number 59-6140583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HEIERMAN, SHARON G
106 E. COLLEGE AVE.
STE. 810
TALLAHASSEE FL 32301**

**231 Lafayette Circle
Tallahassee, FL
32303**

10. Name and Address of New Registered Agent
81 Name Heierman, Sharon G
82 Street Address (P.O. Box Number is Not Acceptable) 231 Lafayette Circle
83
84 City Tallahassee FL 85 Zip Code 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	TD BELROSE, BRUCE R
STREET ADDRESS	100 E. JEFFERSON ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	PPD PHELAN, WILLIAM J
STREET ADDRESS	307 W. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD SCOVOTTO, LAWRENCE E.
STREET ADDRESS	200 E. GRANADA BLVD., #203
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BERRY, NANCY
STREET ADDRESS	222 S. WESTMONTE DR., #101
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	<input type="checkbox"/> DELETE
NAME	D BEDNERIK, JON C
STREET ADDRESS	558 S. OSPREY AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD BRAINERD, JAMES S ESQ.
STREET ADDRESS	3159 SHAMROCK S.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President
1.3 STREET ADDRESS	Golden, Robert E.
1.4 CITY-ST-ZIP	3200 North Military Trail #100 Boca Raton, FL 33431
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	Belrose, Bruce R. 100 E. JEFFERSON ST. P.O. Box 10024 TALLAHASSEE, FL 32301
2.4 CITY-ST-ZIP	Tallahassee, FL 32302-2024
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scovotto, Lawrence E.
3.3 STREET ADDRESS	140 S. Atlantic Ave. Ste 303
3.4 CITY-ST-ZIP	Ormond Beach, FL 32176-6631
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brainerd, S. James 3159 S. SHAMROCK
4.3 STREET ADDRESS	P.O. Box 12129 MAILING ADDRESS 32308
4.4 CITY-ST-ZIP	Tallahassee, FL 32317-2129
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Secretary
5.3 STREET ADDRESS	Lynn, Dianne W.
5.4 CITY-ST-ZIP	650 Apalachee Pkwy. Tallahassee, FL 32399-2300
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hunter, William D.
6.3 STREET ADDRESS	123 S. Calhoun St., Ste 350
6.4 CITY-ST-ZIP	Tallahassee, FL 32301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

[Signature] 4-30-98 222-7994

CR2E037 (10/97)